

Chapter 2

SCHOOL NURSING PRACTICE

School Nursing Practice/Standards of Care

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School Nursing Practice/ Standards of Care

“School nursing is a specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self management, self advocacy, and learning.”

--NASN, Rhode Island, 1999.¹

In 1993, the National Association of School Nurses described the following standards of school nursing practice, which expanded on the ANA standards issued a decade earlier:²

Standard I. Clinical Knowledge

The school nurse utilizes a distinct clinical knowledge base for decision-making in nursing practice.

Standard II. Nursing Practice

The school nurse uses a systematic approach to problem solving in nursing practice.

Standard III. Clients with Special Health Care Needs

The school nurse contributes to the education of the client with special health needs by assessing the client, planning and providing appropriate nursing care, and evaluating the identified outcomes of care.

Standard IV. Communication

The school nurse uses effective written, verbal, and nonverbal communication skills.

Standard V. Program Management

The school nurse establishes and maintains a comprehensive school health program.

Standard VI. Collaboration within the School System

The school nurse collaborates with other school professionals, parents, and caregivers to meet the health, developmental, and educational needs of clients.

Standard VII. Collaboration with Community Health Systems

The school nurse collaborates with members of the community in the delivery of health and social services and utilizes knowledge of community health systems and resources to a school-community liaison.

Standard VIII. Health Education

The school nurse assists students, families, and the school community to achieve optimal levels of wellness through appropriately designed and delivered health education.

Standard IX. Research

The school nurse contributes to nursing and school health through innovations in practice and participation in research or research-related activities.

Standard X. Professional Development

The school nurse identifies, delineates, and clarifies the nursing role, promotes quality of care, pursues continued professional enhancement, and demonstrates professional conduct.³

The School Nurse Office

Recommended Features of a Basic Health Facility:⁴

- Adjacent to administration offices and pupil personnel services;
- Ideally, in a quiet part of the school building away from playgrounds; music rooms, gymnasium, or noisy machinery;
- A physical layout that allows for individual privacy;
- Reserved for health purposes only;
- Adequate ventilation;
- 2 x 4 fluorescent, brightly illuminated lights with adjustable overhead lights in rest areas, in a closet, and over the first-aid area station;
- Natural light from windows;

- At least one handicapped-accessible toilet facility with hot and cold running water;
- Vinyl covered walls;
- Vinyl floor tile;
- Base cabinets with sink for drinking water;
- Overhead cabinets with adjustable lockable shelves—18” deep;
- Closet cabinets or cabinets with lockable doors to store expensive medical equipment and first aid supplies;
- Four duplex electrical outlets;
- One GFI above counter near the sink;
- A PA system speaker that can be modified;
- Space to safely store personal equipment such as a nebulizer or a portable oxygen cylinder;
- Small refrigerator with base cabinet; and
- Wire glass window in door and/or wall for visual control.

Waiting and Triage:

- Adequate number of chairs for seating in the waiting area (corresponding to student enrollment and frequency of use);
- Wall space with room for educational posters;
- Rack for pamphlets and other current health information, either fastened to the wall or freestanding;
- Bookcase(s) containing health promotion materials that are labeled, retrievable, and accessible; health-related textbooks and information on referral agencies;
- Desk or other suitable writing surface that is visible to the waiting area, with a telephone outlet nearby;
- Telephone with a direct line outside;
- Computer; and
- Filing cabinets that can be secured and locked for storage of current health records, emergency response card, and daily maintenance files.

Assessment and Treatment:

- Adequate private rest areas for students with beds or cots, preferably with washable surfaces. The number of rest spaces should correspond to student enrollment and frequency of use;
- Blankets, sheets, pillows, and disposable pillowcases;
- Folding screen or draperies to provide privacy in the rest area;
- Rest area visible from the nurse's station. Rest area fitted with an outlet for a light source;
- Private examination and consultation room with examination table;
- Bathroom;
- Sink with hot and cold running water;
- Wall-mounted soap dispenser with soap, adjacent to all sinks;
- Wall-mounted paper towel holders, with paper towels, adjacent to all sinks;
- Pedal-controlled, covered trash receptacles, lined with polyethylene trash bags;
- First-aid station with washable (preferably stainless steel) counter tops, under counter drawers for storage, and over counter hanging cabinets with see-through sliding doors;
- Sharps container for disposal of hazardous medical waste; and
- At least 15 feet of unobstructed space available for screening programs, and if possible, a sound insulated room for audiometric (hearing) testing.

Counseling and Treatment:

- Space that ensures privacy of sight and sound and is easily accessible.
- Private telephone line, as well as an extension telephone.
- Storage.
- A locked storage cabinet or, preferably, a walk-in closet with floor-to-ceiling shelves for medical and other supplies.
- In-wall medicine cabinet with a secure lock.
- Refrigerator for storage of medication and cold packs.
- Movable equipment.
- Sphygmomanometer (calibrated annually) and appropriate cuff sizes.
- Stethoscope.

- Crutches.
- Stretcher.
- Wheelchair.
- Pure tone audiometer.
- Vision testing machine such as Titmus.
- Oto/ophthalmoscope.
- Physician's scale with height rod.
- Portable first-aid kit.
- Clock with a second hand.
- Flashlight or pen light.

Suggested First Aid and Other Supplies:

- Basins;
- Band-aids;
- Bandages (various sizes);
- Cold packs;
- Cotton-tip applicators (swabs);
- Cotton balls;
- Disinfectant for surfaces, spills (fresh within 24 hours, 1-10 bleach solution or disinfectant approved by the U.S. EPA);
- Disposable diapers (may be used for compression);
- Disposable gowns;
- Eye cup;
- Eye pads;
- Eye wash solution;
- Latex gloves;
- Magnifying glass;
- Masks;
- Paper cups;
- Paper towels;
- Record forms (emergency cards, logs, medical sheets, accident reports, state forms, etc.);
- Ring cutter;
- Salt;
- Sanitary pads, individually wrapped (may be used for compression);

- Scissors (blunt end);
- Slings;
- Soap (preferably in dispenser);
- Splints;
- Surgi-pads;
- Tape (different widths);
- Tissues;
- Thermometer (disposable) or other mechanism for measuring temperature, such as temp dots;
- Tongue depressors ;
- Triangular bandage ;
- Tweezers;
- Vinyl gloves (for latex allergies); and
- Washcloths (disposable)⁵.

Establishing a School Health Team

Position Descriptions/Roles/Relationships

School Nurse: Administrator

Not all districts have available resources to provide for both a school educational administrator and a school nurse administrator. School administrators who are not professional school nurses may have the responsibility to provide supervision, evaluation, and administration of the school health program. However, only school nurse administrators have the expertise necessary to provide supervision and evaluation of the nursing practice aspects of the school health program. It is the position of the National Association of School Nurses that it is essential to provide supervision and evaluation of school nurses by a school nurse knowledgeable in the school nursing practice, supervision, and administration. In districts without school nurse administrators, peer review among school nurses is recommended.⁶

School Nurse: Registered Nurse (RN)

The registered nurse practicing in the school setting may have at least three distinct, but overlapping roles: the generalist clinician, the primary care provider, and the case manager. Additionally, the nurse may function as a health educator and/or health

counselor. It is the position of the National Association of School Nurses that school nurses have the expertise to meet the needs of school age youth by:

- Assisting students in the development of problem-solving techniques, coping skills, anger, conflict management skills, and a positive self-image that will facilitate realization of the individual's potential;
- Providing ongoing assessment, intervention, and follow-up for physical and mental health issues;
- Providing education and resources to educate school staff on recognizing signs and symptoms of potential mental health problems and to model positive identity and /or behavior;
- Becoming an active member of curriculum committees, child-study teams, student assistance teams, crisis intervention teams, etc.;
- Becoming a resource to provide medical information to school staff, referral information to families, and coordination between school, family, and health; and
- Providing monitoring and evaluation of treatment plans and collaboration with health care providers to optimize treatment.⁷

The RN as Generalist Clinician

A generalist clinician is the role currently practiced by most registered nurses in the delivery of school health services and health education. Their target population includes students, their families, staff, and the community. As generalist clinicians, RNs provide "...acute, chronic, episodic and emergency health care, assessment of [presenting] student's health status, identification of health problems that may affect educational achievement, development of health care plans, and administration of medications."⁸ Additionally, RNs may provide information for or participate in meetings to determine the placement and Individual Education Programs (IEP) of students with disabilities.⁹

The RN as a Primary Care Provider

Using approved protocols and standardized procedures, the RN uses the nursing process to assess, examine, and problem-solve with the student and parent and to provide care or refer the student to community/private care providers.¹⁰

The RN as Case Manager

This role consists of the coordination of services, advocacy, planning, and monitoring of students and families through acute and/or chronic health problems. The RN monitors, coordinates, and evaluates the provision of health services needed to assist the student in achieving educational objectives.¹¹ “These activities involve the assessment of the nursing/health care needs of the student, the development of a plan of care, implementation of the plan, and evaluation of the outcomes.”¹² In addition, the RN partners with the student, family, health care providers, and school teams to develop individualized health care plans for the student.¹³

School Nurse: Nurse Practitioner (NP)

Some school districts may employ NPs. NPs are RNs with advanced education and specialty certification who have been approved by the Board of Nurse Examiners (BNE) to practice as Advanced Practice Nurses. The three types of NPs most likely to practice in the school setting are the Family Nurse Practitioner (FNP), the Pediatric Nurse Practitioner (PNP), and the School Nurse Practitioner (SNP). An FNP “...is prepared for advanced practice with individuals and families throughout the life span and across the health continuum.” A PNP is prepared “to assume a role as a principal provider of primary health care for children.” A SNP is prepared “...to assume responsibilities in the health care of preschool, school-age children, and adolescents.”¹⁴ All NPs provide a higher degree of specialty care for all groups than RNs not recognized as Advanced Practice Nurses. Working within standard practice guidelines NPs assess, diagnose, and may prescribe medication and/or treatment for presenting students. They may also perform routine screening examinations for all students and physical examinations required for students in sports and special education programs.¹⁵

School Health Physician

Pediatricians may need to gain new skills and knowledge in order to work effectively in the school setting. The pediatrician may serve as an advisor to a school district, participating in discussions of school health services, school environment, legislative issues, and problems of children that become evident in a school setting. The pediatrician should be equipped to offer advice and consultation about sports-related programs and physical education in a school district. The pediatrician will also be involved in planning 504 Modification Plans and Individual Family Service Plans for children with chronic illnesses and developmental disabilities and those who are technology-dependent.

The pediatrician can be a resource for comprehensive school health education programs from grades K through 12.¹⁶

- **Medical Advisor:** Usually a voluntary, informal role where a local physician provides expert advice on medical issues that affect the school district.¹⁷
- **Medical Consultant:** Consults and advocates in support of school health services. The services provided by these physicians "...include consultation on health policy, health curricula, and evaluation of programs and services; direct consultation regarding individual patients or groups of patients; and, participation in provision of health services at the school site." ¹⁸
- **Medical Director:** Has more oversight and involvement in school health services than a medical consultant. May serve as medical director of school-based health center or may be physician supervisor for nurses performing Medicaid well-child exams.¹⁹

School Nurse: Licensed Vocational Nurse (LVN)

The responsibilities of the LVN are distinct from those of the RN. LVNs are educationally prepared to provide direct patient/client care. However, they are not educationally prepared to be an independent practitioner of nursing. Functions for which LVNs are educationally prepared to provide in the school setting are most likely to fall within the role of clinical generalist. The LVN may practice in a limited role as a primary care provider under the supervision of an RN or physician. The LVN and the school district, as employer, have a joint responsibility to assure that LVNs practice within the scope of their education and demonstrated abilities. Additionally, LVNs may provide information for and participate in meetings to determine the placement and Individual Education Programs (IEP) of students with disabilities.²⁰

Unlicensed Assistive Personnel (UAP)

Unlicensed health personnel are individuals hired to assist in the provision of health services. In the school setting, unlicensed health personnel are distinct from other paraprofessionals who primarily provide educational and/or clerical services. There are no statewide standardized training programs for unlicensed health personnel, but some school districts may provide their own training. Unlicensed health personnel generally have limited training. They are able to provide minor first aid, administer medications,

and perform clerical tasks. They may perform general vision, hearing, and spinal screenings if they have completed a TDH training program. When performing health services other than the administration of medications or minor first aid, they must be functioning under the legally delegated authority and supervision of a physician or registered nurse.²¹

School Health Volunteers

The link between schools and communities becomes stronger, as volunteers assume a variety of roles in the schools. Volunteers may be of assistance in augmenting the delivery of health services. Volunteers have diverse backgrounds, credentials, and levels of expertise. The primary role of a volunteer is to augment the professional staff in order to provide quality services to the students. Volunteers may include licensed (e.g., registered nurses, physicians) and unlicensed health care providers, (e.g., nursing assistants and parent helpers). The following issues should be considered when seeking the use of volunteers in the health office:

- Adherence to state laws and regulations, including state nurse and medical practice acts and safe health care practice.
- Quality assurance that the standard of care for the specialty of school health is met through competent service providers.
- Liability protection for individuals and districts for potential claims of injury and negligent practice.
- Supervision time and competency to meet regulatory and quality requirements.
- Confidentiality of health conditions.
- Security clearance to provide for a safe school environment.
- Intermittent and independent goals of volunteer commitment should be weighed against the need for consistent presence of service provider focused on school and student goals.

The National Association of School Nurses recommends that school nurses assume a leadership role in helping districts determine their need for volunteers. The district's legal counsel should be included in these discussions. Expectations for the service delivered by volunteers should be of the caliber expected of regular staff. School systems can best assure quality health care in their environments by having an employed school nurse on site to supervise the programs and service providers.²²

Interdisciplinary Teams

The delivery of health-related services in schools is not limited to RNs, LVNs, and unlicensed health aides.²³

Dentists. Dental decay is the number one progressive disease affecting children in this country.²⁴ Dental services are often not covered by health insurance, which prevents families from seeking preventive care. Although schools were preventive dental sites in the early days of school health, most schools today do not provide any dental services for their students. When dental services are provided in schools, they are often arranged on an ad hoc basis consisting of donated or reduced-cost services and are frequently provided by volunteers.²⁵

School Psychologists. School psychologists may provide a variety of services to students ranging from consultations and education to assessment and intervention. The services tend to focus on special learning and behavioral problems. Psychological services in the schools are one of the related services that must be available for students who are eligible for special education under the Individuals with Disabilities Education Act (IDEA).²⁶

School Counselors. School counselors tend to focus on academic and career-related guidance.²⁷ They "... assist students, school staff, parents and community members in problem-solving and decision-making on issues involving learning, development, and human relations."²⁸ Counselors are usually employed by the school district.²⁹

School Social Workers. While school counselors tend to focus on academic and career-related guidance, school social workers focus predominantly on family and community factors that influence learning. Although both school counselors and school social workers frequently perform similar tasks, school social workers function as a link between the student, the school, and the community, concentrating more on the family and community context. According to Allensworth, Schools and Health: Our Nation's Investment, "Social workers regularly deal with discipline and attendance problems, child abuse and neglect, divorce and family separation, substance abuse, and issues involving pregnancy and parenting, suicide, and even family finances."³⁰

School Administrators, Teachers, and Support Personnel. In accordance with local school district policy, school personnel may administer medication to students if:

- The district has received a written request to administer the medication from the parent, legal guardian, or other person having legal control of the student; and
- When administering prescription medication, the medication appears to be in the original container and to be properly labeled.³¹

Aside from the administration of medication and minor first aid, all other basic school health services fall within the scope of the practice of legally delegated authority.³²

Physical Therapists. “Physical therapists emphasize the remediation of, or compensation for mobility, gait, muscle strength, and postural deficits. According to the American Physical Therapy Association, three percent of the association’s members work in schools.”³³

Occupational Therapists. “Occupational therapists focus on remediation of, or compensation for perceptual, sensory, visual motor, fine motor, and self-care deficits. More than one-third of the membership of the American Occupational Therapy Association work in the schools.”³⁴

Audiologists. These special needs providers “... are certified professionals who specialize in the identification and management of children’s hearing impairments in the school setting. According to the Education Audiology Association, approximately 1,000 audiologists are employed by school districts across the country.”³⁵

Speech, Language, and Hearing Therapists. This group of therapists “provides special education and related services and works closely with teachers and parents to help children overcome communication problems. More than one-half of the members of the American Speech, Language and Hearing Association work in schools. Speech, language and hearing problems represent 25 % of children’s

primary disabilities in schools; another 50 % of children with other primary disabilities have speech, language, and hearing problems as additional disabilities.”³⁶

Nutritionists/Food Service Directors. Nutritionists often provide educational support, teach healthy eating behaviors, and encourage physical activity as a part of a student’s daily routine. Food service directors provide support for children with special needs by adjusting school meals to meet their requirements. In addition, they plan and serve meals for all students to meet the U.S. Dietary Guidelines for Americans, providing a specific quantity of nutrients in accordance with recommended dietary allowances.³⁷

Athletic Trainer. Certified Athletic Trainers specialize in athletic health care and are certified/regulated by TDH. An “athletic trainer” is a person with specific qualifications who is licensed by the board and may use the initials “LAT,” “LATC,” and “AT.” “Athletic training” means the form of health care that includes the practice of preventing, recognizing, assessing, managing, treating, disposing of, and reconditioning athletic injuries under the direction of a licensed physician or another qualified, licensed health professional who is authorized to refer for health care services within the scope of the person’s license. Services may include: planning and implementing a comprehensive athletic injury and illness prevention program; conducting an initial assessment of an athlete’s injury and providing emergency care; referring athletes to a physician for diagnosis and treatment; coordinating, planning, and implementing a comprehensive rehabilitation program for athletic injuries; and coordinating and providing health care information and counseling for athletes.³⁸ Certified athletic trainers have, at minimum, a bachelor’s degree, usually in athletic training, health, physical education, or exercise science. Some high school athletic trainers are hired by school systems and may also teach.³⁹

Relationship with School-Based Health Centers

The number of school-based health centers (SBHC) is increasing around the country. They offer some clear advantages for students, particularly students who live in underserved areas. While there are almost as many models of school-based health centers as there are school districts, there are some commonalities among them.

The majority of school-based health centers provide well-child exams, immunizations and screenings, and links with permanent medical homes. Many also provide sick child exams, treatment of disease, case management, chronic illness management, mental health counseling, sports physicals, community health nursing, and emotional health counseling. Some of the benefits of SBHCs are:

- Students of all ages have reasonable access to medical services.
- Less classroom time is lost to travel time;
- Follow-up compliance may be better;
- Adolescents, for a variety of reasons (e.g., emancipation, independence, desire for confidentiality), often will not seek out or take advantage of services in traditional settings;
- Families that are not accustomed to using primary or preventive services available to them in traditional settings can be taught to use them through schools;
- Behavioral risk assessments and ongoing preventive strategies that address major causes of youth mortality (suicide, homicide, accidental injury) often require a degree of access to health and mental health services that schools can provide. Mental health services on a school site can reduce time away from school to travel to regular mental health appointments. When a mental health clinic's presence on a school site is accompanied by close collaboration with school staff, then enhanced behavioral observation and clinical management also occur.⁴⁰

"School-based" and "school-linked" are terms used to distinguish between services delivered on school campuses and those coordinated at the school but delivered off campus. In school-linked models, school health professionals collaborate with local community clinics, hospitals, and other health professionals and agencies. Some schools have characteristics of both school-linked and school-based models, such as mobile medical service vans that park intermittently outside various school sites.

Some challenges for school health centers or for any model of expanded school health services include:

- Great variability in the degree to which school-based and school-linked services are integrated with the medical home and other community

services and the degree to which they complement community services to meet student needs;

- Great variability in the degree to which school-based and school-linked services are integrated with other components of the school system. School health centers cannot optimally assist students unless they are closely integrated with the school nurse (where one exists), the school's health educational program, and with other traditional or core school programs;
- Inherent and unique issues of patient confidentiality, consent, compliance, and continuity that need different solutions than they would in traditional health care settings and in schools without expanded health services; and
- Frequent difficulty of achieving fair reimbursement for school-delivered health services.⁴¹

School-based health services are often provided by certified nurse practitioners, physician assistants, or licensed or credentialed mental health professionals (social workers, psychologists, etc.). Pediatricians or other physicians from a community practice or clinic or from the public health sector frequently serve as medical directors. The medical director, along with the school principal and school-based health professionals, decide on day-to-day activities, protocols, and quality assurance.

Support from the school health services is critical to the success of school-based health centers. Some school districts attempt to replace school health services with a school-based health centers. This is unfortunate because the role of the school based health center is to extend school health services, not replace them.

Ideally, the school nurse and the school-based health center staff will work together to support and complement each other. The school nurse can be the primary referral source for the SBHC. Because the school nurse is familiar with the children and families in the school, the nurse is in an ideal position to recommend children who would benefit from the services of a SBHC. Staff of the SBHC and the school nurse can collaborate when a family needs case management services.

The SBHC should be an adjunct to school health, not a replacement. SBHCs do not have the mechanisms to do educational teaching in the classrooms, dispensing of medication to children throughout the day, screening of particular health problems, minor first aid, and

disability referrals and assessments. If the SBHC personnel were assigned the duties of the school nurse, they would not have time to do the other tasks that make SBHCs valuable and unique among school districts.

Communicating with Parents

One of the most difficult challenges that face school nurses is the necessity of communicating with parents. Busy parents may be difficult to contact because of family or work obligations. They may misunderstand the school nurse's request for information as intrusive or harmful to their child. Screening results that indicate a problem may result in a hostile reaction from parents who are already overwhelmed by caring for healthy children, and the implication that their child has a problem can be more than many parents are equipped to deal with.

Acknowledging that parents are the expert in the care of their child neutralizes tense situations. When the nurse understands that parents are acting out of care and concern for their child, whether they express it in a negative or positive manner, it becomes easier for the nurse to help the parent help their child. Often parents react negatively to school administrators out of past fears or frustrations left over from their own school days as a child. Understanding that the school may be an intimidating institution for some parents will help the nurse reach out to those parents in a manner that is less intimidating.

T. Berry Brazelton's new approach to working with parents addresses some of these issues by enlisting parents as partners in the health care process.⁴² According to Dr. Brazelton, health care providers have an opportunity to be part of the supportive network for families when they are coping with changes in their family structure: i.e., changing from a family with babies to a family with young school-aged children, or teens. The Touchpoints Project was developed as an interdisciplinary, relational/developmental model to help health care providers change their encounters with parents from a deficit model to a supportive model⁴³. Parents and school nurses become partners in the care of the child as the nurse works to develop a relationship with the parents based on mutual respect, care, and acknowledgement of parents' care and concern for their child. There are 7 basic principles to Touchpoints practice:

1. Recognize what you bring to the interaction;
2. Look for opportunities to support mastery;

3. Use the behavior of the child as your language;
4. Value and understand the relationship between you and the parents;
5. Be willing to discuss matters that go beyond your traditional role;
6. Focus on the parent-child relationship; and
7. Value passion wherever you find it.⁴⁴

Using Touchpoints practice promotes a gradual change in the power of the relationship and an increase in parental involvement with the health care provider.⁴⁵ For more information about Touchpoints see: www.Touchpoints.org.

Culturally Effective Care

Cultural and language barriers are another area of concern when communicating with parents. By the year 2020 it has been estimated that 40% of school-aged Americans will be children of minority groups.⁴⁶ The American Academy of Pediatrics defines culturally effective pediatric health care as:

The delivery of care within the context of appropriate ... knowledge, understanding, and appreciation of cultural distinctions. Such understanding should take into account the beliefs, values, actions, customs, and unique health care needs of distinct population groups. Providers will thus enhance interpersonal and communication skills, thereby strengthening the provider-patient relationship and maximizing the health status of patients⁴⁷.

The school nurse must become familiar with the ethnic and cultural groups within the school community. To be effective in delivering health care to all children, the school nurse must develop sensitivity to these cultural groups. (See *Refugee, Migrant, and Immigrant Health* in Chapter 2 for a discussion of health practices among different cultural groups in the U.S.) Interaction styles, ideas about health and health practices, childrearing beliefs, and language are some of the areas where nurses might find different practices among ethnic groups.

There may be “communication anxiety” when individuals from minority groups interact with an individual in an “expert role” such as a school nurse or teacher. There is an

imbalance of power inherent in the parent-school health provider relationship because the parent is generally seeking information or advice from the nurse. This imbalance may provide an even greater barrier to communication than language difficulties or cultural practices. Awareness of this issue will help the school health provider overcome this potential barrier and facilitate communication with parents.⁴⁸

Communication Practical Advice

Finding time to communicate with parents can be a significant problem for the school nurse who is overseeing the health care of an entire school or school district. In this manual forms for addressing medication issues, permission for care and other issues are included to help nurses use their time as effectively as possible. Unlicensed personnel can assist with sending out forms, collecting, and compiling the results. They can also assist with answering phones and triaging phone calls for the nurse.

At times it is necessary for the school nurse to speak directly with parents. This may be difficult because of schedules, but the nurse should make some early morning time available for parents to meet with her, perhaps once or twice a week. An answering machine in the health office and/or emails are another way of communicating with parents that are acceptable and may be used when direct communication is not possible. Keeping a log of phone calls, emails, etc. is important for tracking communication, documenting responses to questions, and evaluating the quality of school health care.

School Health Resources

Health and Human Services Area Information Centers

The Texas Health and Human Services Commission has area information centers in regions across Texas to provide information about health and human services. Area information centers are responsible for gathering, maintaining, and sharing information about health and human services in their region. This is done in partnership with state agencies, community information centers, and other community-based health and human services providers. A list of centers is regularly updated and can be found at <http://www.hhsc.state.tx.us/tirn/aiclist.htm>.

Vision and Hearing Regional Coordinators

On the web: <http://www.tdh.state.tx.us/vhs/>

State Headquarters
Vision and Hearing Screening
Texas Department of Health
1100 W. 49th Street
Austin, TX 78756-3199
Phone: (512) 458-7420
Fax: (512) 458-7350

Poison Center Network

IN CASE OF EMERGENCY: (800) 764-7661 or (800)POISON 1

Alcohol and Drug Abuse, Texas Commission on

(877) 9-NO-DRUG (877-966-3784)

- Find a community-based program that provides a 24-hour hotline and referral service for your area. The call is free.
- On the web: <http://www.tcada.state.tx.us/>

Children's Health Insurance Program: TexCare Partnership

1-800-647-6558

M-F, 9 a.m. to 9 p.m., Saturday 9 a.m. to 3 p.m. (Central Time), except federal holidays.

Texas Relay for deaf or hard of hearing: 1-800-735-2988

- Call to receive information about the insurance, to apply for the insurance, or to get the name of someone in your area who can assist you.
- The operators speak English and Spanish. Help in other languages is also available because the operators have access to the AT&T language line.
- On the web: <http://www.texcarepartnership.com/CHIP-Main-Page.htm>

Special Health Care Needs, Children with**1-800-422-2956**

Call to get assistance finding information about TDH programs for CSHCN or about other state and local programs for which a family may qualify.

Food Stamp Program, Texas Department of Human Services

701 W. 51st Street · Austin, Texas 78751

P.O. Box 149030 · Austin, Texas 78714-9030

Phone: (888) 834-7406 or TDD (888) 425-6889

On the web: <http://www.dhs.state.tx.us/programs/TexasWorks/foodstamp.html>

Immunization Division, Texas Department of Health

1-800-252-9152 or (512) 458-7284

1100 West 49th Street Austin, Texas 78756-3199

Email: Immunize@imm.tdh.state.tx.us

On the Web: <http://www.tdh.state.tx.us/immunize/>

Mental Health and Mental Retardation, Texas Department of

Texas only. M-F 8 a.m. to 5 p.m.

Relay Texas – Voice 1-800-735-2988

Relay Texas – TTY 1-800-735-2989

On the web: <http://www.mhmr.state.tx.us/>

Environmental Lead Branch, Toxic Substances Control Division, Texas Dept. of Health

1100 West 49th Street

Austin, TX 78756-3199

Phone: (512) 834-6612 or (888) 778-9440 (toll-free in Texas)

Fax: (512) 834-6644

On the web: <http://www.tdh.state.tx.us/beh/lead/>

Blind and Visually Impaired Children's Program

Phone: (512) 377-0500 or (800) 252-5204

On the web: http://www.tcb.state.tx.us/child_prg.asp

Temporary Assistance for Needy Families (TANF)

Phone: (512) 438-3280 or TDD 1-888-425-6889

On the web: <http://www.dhs.state.tx.us/programs/TexasWorks/TANF.html>

Medicaid Programs for Families and Children

Phone: (888) 834-7406 or TDD (888) 425-6889

On the web: <http://www.dhs.state.tx.us/programs/TexasWorks/medicalprograms.html>

Refugee Cash and Medical Assistance

Phone: (512) 438-3280 or TDD 1-888-425-6889

On the web: <http://www.dhs.state.tx.us/programs/TexasWorks/refugee.html>

Protective and Regulatory Services, Texas Department of

To report abuse or neglect: 1-800-252-5400

To find information about childcare: 1-800-862-5252

To make an inquiry about an existing PRS case: 1-800-720-7777

Texas Runaway Hotline (peer counseling to runaways and their families): 1-888-580-HELP

Texas Youth Hotline (peer counseling to youth and their families): 1-800-210-2278

Child Support Program, Office of the Attorney General

State office: (512) 460-6000

Automated payment and case information: 1-800-252-8014

Family Health Services Information and Referral, Texas Department of Health

(800) 422-2956

WIC (Women, Infants and Children Nutrition Program)

(800) 942-3678

On the web: <http://www.tdh.state.tx.us/wichd/default.htm>

Asbestos in Schools

800-452-2791

Radon in Schools

800-572-5548

Indoor Air Quality Branch, Texas Department of Health

800-572-5548

On the web: <http://www.tdh.state.tx.us/beh/IAQ/default.htm>

Home Health Agency Hotline

(800) 228-1570

Nutrition Education/Training Line

(800) 982-3261

- Provides information, materials, catalogs, etc. about nutrition education and training

Long-term Care Facility Information

(800) 458-9858

Parents of Special Education Students, Texas Education Agency

(800) 252-9668

- Parents can discuss special education procedures with a trained professional.

Family Violence Program

1-800-799-SAFE (7233) 24-hour National Domestic Violence Hotline

1-800-787-3224 TDD

Hansen's Disease Program

Phone: (512) 458-7447

Fax: (512) 458-7451

On the web: <http://www.tdh.state.tx.us/hansens/default.htm>

Deaf and Hard of Hearing, Texas Commission for the

Voice: 512-407-3250

TTY: 512-407-3251

Fax: 512-451-9316

On the web: <http://www.tcdhh.state.tx.us/>

Texas Health Steps Regional Offices

On the web: <http://www.tdh.state.tx.us/thsteps/thstepsreg.htm>

Phone: (956) 423-0130 Fax: (956) 444-3299

Children's Dental Health Service

On the web: <http://www.tdh.state.tx.us/dental/default.htm>

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